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LACERATION OF THE PERINÆUM FOLLOWED BY PROLAPSE OF THE BLADDER AND RECTUM. CURED BY AN OPERATION.

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[Communicated for the Boston Medical and Surgical Journal.]

MRS. H., aged 39, was, on the 14th of September, 1855, delivered of a girl at the Boston Lying-in Hospital. Her labor was tedious and difficult, lasting from the evening of Wednesday until Friday at 6½, A. M. The genital fissure was very small, rendering it impossible to apply the forceps without producing laceration. Towards the close of the labor, it becoming evident that the child was dead, craniotomy was performed, and delivery completed by means of the blunt hook, during which the perinæum was extensively lacerated. After she had been put to bed, the parts were disposed in such a manner as to encourage all the union that would take place under the circumstances, and every care taken to facilitate the reparatory process. She got up well, the fissure seemed to have healed satisfactorily, no inconvenience being experienced from it, and she left the Hospital to do housework in a small family.

Early in June, the following year, she made application as an out-patient. She complained of an uncomfortable feeling across the lower part of the back, as if a heavy weight were pressing there, accompanied by a sensation as if the contents of the pelvis were falling out. An examination made by Dr. H. R. Storer, in my absence, upon her first application, revealed that it was a case of rectocele. The other organs were not at that time appreciably deranged. He prescribed temporarily for the symptoms, and upon my return transferred the case to me. Upon the first examination, the prolapse of the rectum was not very distinct; indeed, so little change from the normal position of the parts was found, that a question arose as to the correctness of the diagnosis. To get rid of constipation, from which she suffered and which had continued from the first notice of the trouble, she was ordered to

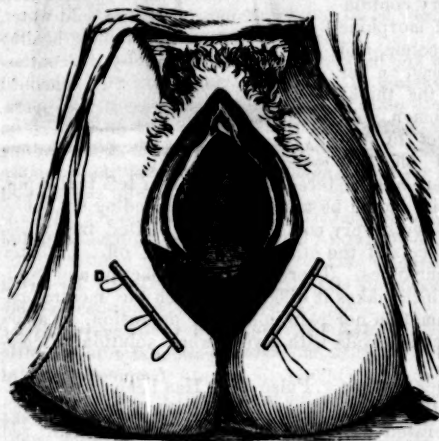
take, every night, a powder containing one eighth of a grain of podophylline. This had the effect to remove the constipation, but gave no relief to the other symptoms. Another examination was made, and on this occasion ample confirmation of Dr. Storer's diagnosis obtained. The rectum was much distended, bulging down into the vagina with the slightest effort or straining, and offered but little resistance to the finger pressed in any direction. Prescriptions and topical applications giving no relief, an operation was proposed, to which she consented, and entered the Hospital for that purpose. On the 26th of July, assisted by my colleagues, Drs. Dupee and Storer, as much of the posterior wall of the vagina was taken up as could be enclosed in a ligature, care being at the same time exercised to avoid the rectum. The portion thus ligatured was about an inch in diameter. The only application necessary was a compress wet in cold water, and on the 8th of August the ligature came away, leaving a healthy surface, which in a few days entirely healed, and by its contraction restored the rectum to its proper position. She remained in the Hospital for a short time to test the success of the operation, and had no further trouble, the difficulty and uneasiness on defæcation having left her, and going up and down stairs causing her no suffering. Upon examination, no trace of the prolapse was to be found. The recto-vaginal septum was firm, and showed no disposition to give way upon pressure by the finger. She was discharged, with injunctions to keep the bowels free by aid of enemas of tepid water.

On the 4th of December last, patient again called. Reported that after an interval of about two months the symptoms first noticed began to re-appear, and had continued to increase till she was then unable to work. Is in constant pain, and gets but little relief by lying down. Is obliged to urinate frequently, and at times suffers severely from pain in so doing.

An examination was again made, and the anterior wall of the vagina found to be very much prolapsed, almost presenting at the vulva, and filling up the vagina. The rectum appeared to be in its proper position, the cicatrix remaining after the operation being very evident. Uterus in place. Straining or coughing caused the bladder to project between the labia. The difficulty of performing another operation, anteriorly, to relieve the symptoms, as had been before so successfully accomplished upon the posterior wall of the vagina, and the extent of the prolapse rendering it doubtful whether it would be sufficient to restore the parts to their natural position, the operation by deep sutures for the restoration of the lost portion of the perinæum, so successfully practised by Mr. I. B. Brown, of London, was decided upon and acceded to by patient. A preparatory treatment was at once commenced, and on the day preceding the operation a

brisk cathartic was administered, which thoroughly relieved the bowels. The next day, Dec. 13th, the operation was performed.

Dec. 13th, 10, A. M.—Cathartic prescribed yesterday produced great relaxation of the vaginal canal, so that the bladder protrudes between the labia, and the rectum shows a disposition to come down. Posteriorly, the laceration of the perinæum extends to within about one half an inch of the sphincter, the vulva easily admitting three fingers placed side by side. The parts having been carefully shaved, the patient was fully etherized, after which she was placed in the usual position for lithotomy, on her back, with the thighs strongly flexed, and firmly held by Drs. Dupee and Buckingham, who kindly assisted me in the operation. The left labium having been made tense, an incision was made through the mucous membrane, commencing about an inch from its outer



Explanation of Fig. 1.

A. Prolapsed bladder.

B. Rectum.

C. Portion from which the mucous membrane has been removed.

D. Sutures extending below the denuded surfaces, and coming out on the opposite side.

edge, at a point in a line with the termination of the nymphæ, and continued in a straight, outward direction till it met the skin. Another incision was next made in a straight line from the end of the first, to the median line of the portion of the perinæum that remained. The mucous membrane included between them was then carefully dissected off, and the operation repeated on the opposite side. This left a denuded portion in the shape of a V, and nearly an inch in width. Three needles, armed with hemp sutures, were then inserted an inch from the outer edge of one of the cut surfaces, and carried deep enough to include all of it, and brought out on the opposite side at an equal distance from that edge. Quills cut from an elastic bougie were then put under the

loops, and the parts drawn together by tying the sutures over them.

For the purpose of bringing together the edges of the wound, which were everted by the pressure of the quills, four sutures were taken superficially, and drawn as tight as could with safety be done. The operation having been completed, a compress wet in cold water was applied and kept in place by a T bandage; a roller passed around the knees, and another at the ankles, to prevent motion as much as possible; a suppository containing half a grain of morphine passed into the rectum, and the patient was placed on her side in bed, with the thighs flexed on the abdomen. As soon as the effect of the ether had passed off, two



Appearance of parts after the operation had been completion.

grains of opium were administered, and directions left that a pill, containing one grain, should be taken every succeeding six hours.

14th, 7, A. M.—Feels very comfortable. Vomited freely yesterday while the effects of the ether were passing off. Catheter has been passed four times. There is some tumefaction and swelling of the labia, which makes it difficult to reach the meatus urinaris. No inflammation nor pain in seat of operation. Vagina has been injected at intervals with a very weak solution of chloride of soda.

10, P. M.—Rather restless. Pulse 88. Has been passing water constantly for the last six hours. Feels much smarting and heat in region operated on. Line of suture looks a little red and puffy, but no suppuration visible. Injected vagina with lukewarm water, which relieved her. To have sweet spirits of nitre, 3 i. p. r. n., through the night, with injection of water at 3, A. M., if urine continues to pass away. Omit catheterism.

15th, 7, A. M.—Doing well. Complains of some discomfort in rectum, with tenesmus. Has no control over bladder, urine having been voided at short intervals throughout the night. Had an injection of tepid water at 1, A. M., with relief. Appetite begins to return. Skin cool. Union by first intention appears to have taken place exteriorly. No redness, heat, or discharge from any portion of wound. Washed out the vagina with tepid water, and applied a suppository of three grains of opium.

1, P. M.—More comfortable. Has passed urine but four times

since last record. Pulse 96. Had mutton chop and bread, with tea, for her breakfast, which she relished. Smarting in meatus nearly gone. Injected vagina with tepid water.

10, P.M.—Pulse 86. Skin natural. Has had no return of tenesmus since application of suppository this morning. Urine still continues to pass freely. Vagina injected with tepid water.

16th, 7, A.M.—Has passed a comfortable night. Slept more than she has previously, since the operation. Complains somewhat of smarting and throbbing in the parts. Urine has also passed freely through the night. On inspection, no signs of an inflammatory nature are visible. Union between stitches seems to be perfect. Injection with tepid water repeated.

1, P.M.—Generally doing well. Since morning the urine has been somewhat discolored with blood.

10, P.M.—Has passed water but three times since 1, P.M. It is, however, very bloody.

17th, 7, A.M.—Has passed an exceedingly uncomfortable night. Constant pain and throbbing at the meatus; otherwise doing well. To have sweet spirits of nitre, one drachm every hour.

10, P.M.—The two posterior deep sutures are discharging pus; none from external stitches, where union seems to be perfectly firm. Has passed water five times during the day, with little pain. Urine less bloody.

18th, 11, A.M.—Dr. George H. Gay present. Catamenia came on this morning about 7 o'clock; now flowing freely. Removed deep sutures; found union had taken place throughout; parts firm and free from soreness. Left hip much swollen and sore from lying so long on that side.

5, P.M.—Has passed a very comfortable day. Has been freer from pain since the removal of deep sutures than at any time since operation.

19th.—Patient reports having slept soundly all night. Has no pain or uneasiness in seat of operation. Strangury gone. Can now retain urine as long as usual. Little or no blood in urine. Discharge from catamenia profuse.

20th.—Catamenia nearly ceased. An examination of the parts operated on, shows that union has taken place firmly and completely throughout the whole extent of the denuded surface, and the new perinæum extends forward as far as the nymphæ. The orifice of the vagina, which before the operation admitted three fingers placed side by side, now allows but one to pass. Within, equally firm union has taken place, and the thickness of the new perinæum is half an inch. No tenderness felt on examination. Patient feels entirely comfortable, except from constrained position, and an occasional return of the tenesmus previously mentioned.

21st.—Untied the knees and ankles, and allowed her to assume a natural position in bed.

22d.—Reports no inconvenience of any kind from any position she assumes.

From this time she rapidly improved. Her appetite came back, and the pills having been omitted, on the next day the bowels waked up from their long sleep, and a perfectly natural motion resulted. In form, consistency and other aspects, it was no different from an ordinary discharge. Taken in connection with the fact that for ten days she had been under the influence of opium, and that during this time nothing whatever had passed the bowels, this is worthy of notice.

On the 27th, Drs. Dupee and Minot present, a final examination was made. The new perinæum was found of sufficient thickness and firmness. The union, in all respects, was complete.

Jan. 2d.—She left for her home. During the necessary exposure of so doing, she took cold, which resulted in a smart febrile attack lasting some days, but which she recovered from, and is now enjoying a degree of comfort to which for nearly two years she has been a stranger.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL
RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 461, Vol. LV.]

§ X. In the preceding parts of this paper I have given a summary of two series of facts: experiments upon animals, and pathological cases observed in man. I have now to compare these two series of facts one to the other, and to draw conclusions from the results of this comparison.

There is one thing which seems to be quite proved by this comparison: it is that the convulsive affection produced by certain injuries to the spinal cord is true epilepsy, or at least an epileptoid affection. I have shown already that the symptoms (see §§ II. and V.) lead to this interpretation. But this is not all; the greatest analogy exists between what we know of the aura epileptica in man (see § IX.) and what I have found concerning the property that the skin of the face possesses of producing fits in my animals (see § IV.). In them it seems that the face is the starting point of a true aura epileptica, and that, as well as in man, an interruption of nervous transmission between the starting point of the aura and the cerebro-spinal axis, seems to cure epilepsy. The same result seems also to be frequently obtained by either burning or other means of cauterization of the skin in the part from which originates the aura. In these animals, as in man, in the cases we have related, the convulsions seem to take place by a reflex action. In these animals also, as well as in man (for instance, in the case of Odier, § VIII.), although the primitive cause

of the affection is in the nervous centres, there is an aura epileptica coming from the skin, and the interruption of nervous transmission from the skin to the cerebro-spinal centres seems to have been sufficient, for a time, to prevent epilepsy. Besides, the development of epilepsy in many cases in man is similar to what takes place in my animals: the convulsions at first are limited to a few muscles around the starting point of the aura epileptica; they then extend gradually to many others, and, at last, attack almost the whole body.

If these analogies prove that the convulsive disease which is produced in animals by an injury to the spinal cord is epilepsy, we are led to conclude that in man, also, epilepsy may be caused by a disease of this nervous centre. This gives a new weight to the great probability that epilepsy has been the result of alterations of the spinal marrow in at least some of the cases (see §VII.) where this organ has been found altered in epileptics.

It will perhaps seem strange that we speak only of a great probability, while some physicians consider the question of the production of epilepsy by a disease of the spinal cord as quite decided, and describe a spinal epilepsy as a distinct form of this affection. I deny the existence of this species of epilepsy, as it has been characterized by many German writers and by Dr. J. Copland; and I consider as a fanciful description the pathological and symptomatic history of this form of epilepsy given by Joseph Frank, Harless, Schoenlein, Dr. Copland, Canstatt, Colson and Wunderlich.

Dr. Copland says (*Dict. of Pract. Medicine*, 1844, vol. i., art. *Epilepsy*, p. 793) that the spinal epilepsy generally arises from injuries and concussions of the spine, from caries of the bodies of the vertebræ or inflammation of the intervertebral substance, and from inflammation of the membranes of the cord, or effusion of fluid within the sheath; from the metastasis of rheumatism, or the disappearance of eruptions, &c. According to Schoenlein and others, it arises frequently from excess of sexual excitement, and particularly from onanism. Sometimes it is preceded by great sensibility, formication or irritation of the skin. The fits are generally characterized by severe convulsions, seminal emissions, and expulsion of urine and fecal matters. The head is seldom so much affected as in cerebral epilepsy, and the seizures often approach nearly or altogether to simple convulsions. One or other of the limbs is frequently weak, and sensation in them occasionally diminished or otherwise altered during the interval (Copland). According to the German physicians the convulsions resemble those of tetanus, and attack mostly the extensor muscles; clonic convulsions are rare. Besides, there are symptoms of diseased spine, and particularly pain under pressure in some points.

Dr. Copland believes that disease of the spine, associated with

disease of the uterine function and epilepsy or convulsions, is not rare. He says, also, that in epilepsy depending upon injury of nerves, the paroxysm, as in the spinal variety, is rather one of convulsions than of complete epilepsy (*loco cit.*, p. 793).

The same writers describe as another distinct kind of epilepsy what they call the cephalic or cerebral epilepsy, in which convulsions are mostly clonic, and not so violent as in the spinal variety, and the loss of consciousness is the prominent symptom.

y In their description the German writers and Dr. Copland have confounded three distinct things: *first*, cases of disease of the spine, or its contents, with convulsions (and not epilepsy); *second*, cases of disease of the spine, or its contents, with epileptic fits, without loss of consciousness; *third*, cases of disease of the spine, or its contents, with epileptic fits and loss of consciousness. An inflammatory disease of the intervertebral substance, or of the membranes of the cord, &c., is not epilepsy. At first this convulsive affection is not a febrile one, while these inflammations cause more or less fever; then the fits of epilepsy are separated by long or short intervals, during which there are no convulsions, while it is not so in these inflammations, or, at least, the intervals are very short in them; and besides, the disease progresses quickly towards death or cure. It is wrong, therefore, to call spinal epilepsy cases of meningitis, &c., in which there are more or less continuous convulsions and fever.

As to the other kinds of cases, called spinal epilepsy by Copland and others, they do not deserve this qualification, unless we call them so because epilepsy *seems* in them to be caused by a disease of the spine or its contents. But there is nothing special in the symptoms which can lead us to find out that the epileptic fits depend upon a spinal affection, and not upon a disease either of the brain or nerves. Of the two kinds of cases: spinal complaint with epileptic fits and conservation of consciousness, and spinal complaint with epileptic fits and loss of consciousness; this last kind has certainly nothing to distinguish it from the cerebral epilepsy of Copland and others, and as to the other kind it is impossible, also, to distinguish it from the cerebral form, because consciousness may also not be lost in cases of epilepsy due to a cerebral disease.

The symptoms in my animals, in which the primitive cause of epilepsy is certainly an injury of the spinal cord, and the symptoms in many cases of epilepsy in man, where a disease of the spinal cord or its membranes existed, are entirely like those observed in many cases in which the brain was the only organ altered. Still more, in the same patient there may be the symptoms of the so-called spinal epilepsy in one attack, while in the next we find those of the so-called cerebral epilepsy, and *vice versa*.

In epilepsy due to a cerebral disease, there are, sometimes, all

the symptoms attributed by Dr. Copland and others to their spinal epilepsy: violent tetanic spasms, seminal emission, expulsion of urine and faecal matters, paralysis of one limb and loss of consciousness. For the existence of paralysis of one limb in epilepsy depending upon cerebral disease, I will refer to a paper of M. Bravais (*Thèse sur l'Epilepsie Hémiplegique*, Paris, 1827), and to the work Dr. R. B. Todd (*Clinical Lectures on Paralysis, Diseases of the Brain, &c.*, 1854, Lect. xiv. *On Epileptic Hemiplegia*).

On another side I could relate a number of cases in which the convulsions were clonic and consciousness lost, and in which epilepsy co-existed with a disease of the spine or its contents. Some interesting cases of this kind are to be found in the works of Herpin (p. 133-38) and Portal (p. 26 and p. 286). A relation of two cases of disease of the membranes of the spinal cord and softening of a part of this organ, with violent epileptic convulsions and loss of consciousness, is given by M. Pageant (*Rech. sur les causes, le siège et le traitement de l'Épil.* Thèse. Paris, 1825. *Obs.* v., p. 22, and *Obs.* xii., p. 33). In one of the cases of tubercles in the spinal cord, recorded by Gendrin (see *Traité des Mal. de la Moelle épin.* par Ollivier d'Angers, 3e edit., 1837, vol. ii., p. 502), there were convulsions and loss of consciousness.

It is to be regretted that in a case of alteration of the spinal cord, very much resembling that which most surely produces epilepsy in animals, the symptoms have not been fully described. Prof. E. Geddings, of Charleston, who relates this case, merely says: "Rather a stout man was affected, at frequent intervals, with violent convulsions and much suffering for upwards of eighteen months. In the progress of the case, the convulsions became more violent and recurred at shorter intervals, until he was finally released by death." There was an exostosis of the second cervical vertebra, encroaching so much upon the spinal cord as to produce a complete section of a lateral half of this organ. (*North American Archives of Medical and Surgical Science*. Baltimore. 1835. Vol. I., p. 110.)

In reviewing all the symptoms which exist in epilepsy, not one is found to belong exclusively to epilepsy due to a disease of the brain, of the spinal cord, or of a nerve. Even the existence of the aura epileptica is not a proof that the primitive cause of the disease is in some cutaneous nerves, and not elsewhere. The case related by Odier (see § VIII.) shows that a tumor in the brain, producing epilepsy, may be the cause of an aura beginning in the skin. Another case, recorded by Herpin (*loc. cit.*, p. 125), resembles the preceding, as there was an aura epileptica in a girl whose epilepsy was probably due to tubercles in the nervous centres. In my animals there is no doubt in this respect, as the irritation of certain parts of the skin produces fits, although the primitive cause

of the epileptoid affection is in the spinal cord. The aura may therefore exist in epilepsy depending upon a disease either of the brain or of the spinal cord, as well as it is known to exist in epilepsy due to alterations of cutaneous or other nerves.

I have had a direct proof that the symptoms of epilepsy depending upon an alteration of a nerve could be exactly the same as those existing in epilepsy due to an alteration of the spinal cord. In a guinea pig in which one of the toes had been bitten, there were fits entirely similar to those which are found in animals of the same species after an injury to the spinal cord, and the fits ceased after a section of the sciatic nerve.

The comparison of what I have seen in animals with what has been observed by others and myself in man, shows that the symptoms of epilepsy cannot indicate whether it originates from a disease of the brain, of the spinal cord, or of a nerve. But it is true, nevertheless, that if together with epilepsy, there are positive symptoms depending upon a disease of either of these organs, it will be very probable that epilepsy itself depends upon this disease. The careful examination of the symptoms which co-exist with epilepsy is, therefore, extremely important, because by them we may find whether this convulsive affection is due to a disease of a nerve, of the spinal cord, or of the brain, and this knowledge is of the greatest value for the prognosis and the treatment.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.
BY J. N. BORLAND, M.D., SECRETARY.

Retained Placenta.—Dr. PUTNAM, speaking of retained placenta, thought that bleeding was a much more prominent symptom than pain. He had recently succeeded in removing, by means of ergot, a placenta which had been retained for two months. Generally speaking, it is very difficult to effect the removal by means of forceps, unless the placenta is very near the os uteri, and when in this locality it will sometimes melt away.

Dr. E. H. CLARKE thought it much better, in the management of cases of this nature, to employ ergot, or plugging the vagina, rather than traction. He reported a case, where a woman aborted at three months' term. The fetus came away, leaving behind it the placenta and membranes. No flowing ensued, and no result was obtained from use of ergot. He ordered perfect rest, and to be sent for if there was any hæmorrhage. The next day the patient took the cars, and went forty miles into the country, where she made a visit of ten days' duration, walking and riding about: she then returned to the city. A fortnight after the abortion, Dr. C. was suddenly summoned to the patient, whom he found flooding so excessively that her sight was gone, and her life in imminent danger. He immediately plugged the vagi-

na; at the end of forty-eight hours, on withdrawing the plug, the placenta followed it. The woman recovered. In this case there was no pain, from the delivery of the fœtus to the commencement of the hæmorrhage. Ergot was administered, both in powder and in the form of the saturated tincture; it was not persevered in, because of its non-retention by the stomach.

Dr. HERRICK related a case where he was called to a young woman, six months advanced in pregnancy; she had a slight uterine hæmorrhage. He put her on her back, and administered morphia. Six hours afterwards, at a second visit, she was sleeping quietly; in the course of the night she miscarried, but remained comfortable until the next day, when severe flooding commenced. Dr. H., on being called, found the os contracted on the placenta. He immediately plugged the vagina, and allowed it to remain undisturbed for twenty-four hours. On removing the plug, at the expiration of this time, the placenta was in the vagina. There was no further trouble.

Dr. ALLEY mentioned a case similar to the one reported by Dr. Clarke; by the end of the third day all the secundines were thrown off together, under the influence of ergot.

Dr. BUCKINGHAM spoke of the management of retained placenta, and referring to the use of ergot, he called attention to the work of Murphy on Obstetrics, approving of the distinction, drawn by him, of the two classes of cases in which ergot should be given or not. In full-blooded and strong patients it induces muscular contractions. Where feebleness and bleeding exist, it is apt to produce a depression of the heart's action. From this effect, many always combine camphor with it. Murphy advises the previous administration of opium, but as opium itself has similar effects, it should be employed with great care. Dr. Buckingham asked Dr. Putnam his opinion as to the safety of plugging the vagina in a miscarriage at five or six months's period, with placental retention.

Dr. PUTNAM thought that there was no danger: he looked upon it as the best practice, and in twenty-four to forty-eight hours the placenta will be expelled. He had even known of plugging at full term, when there was severe hæmorrhage, with great benefit. Dr. P. commonly employs sponge for this purpose, which has previously been soaked in a solution of alum, which has the double advantage of making a firmer clot and preventing annoyance from the decomposition of the fluids.

Dr. J. P. REYNOLDS approved of the India-rubber vaginal plug. This consists of two thin sacs, each of which is provided with a slender tube about eight inches long, on the end of which is a metallic coupling with a stop-cock. One of the sacs is introduced into the vagina, and distended to any required size by means of air, or fluids as preferred, driven through the connected tubes from the other sac by the pressure of the operator's hand.

Dr. Buckingham thought the chief objection was found when it is wished to remove a part of the plug only, so as to manipulate with instruments.

Dr. ELLIS had seen in Vienna a somewhat similar plug used, the difference being that the connecting tubes of the sacs were metallic instead of India rubber, and thought that it was better on this account; by means of the inflexible tube the plug could be better retained in place, where expulsive efforts of the vagina exist.

Abortion.—Dr. MINOT reported a case he has now under treatment. The patient, a young woman, was confined with her first child six months ago, which child she nursed; four weeks after delivery she menstruated, and was regular for four periods; then she omitted two. At this time she had the ordinary symptoms of early pregnancy, and felt alarmed, fearing she was again *enceinte*. Ten weeks after the cessation of the menstrua, when walking in the street, she was attacked with a flow. The other symptoms remained. Thinking she might be aborting, Dr. M. put her upon ergot, but from induced vomiting was obliged to suspend its administration. He then used sedatives to the stomach, and the vomiting ceased. The uterine hæmorrhage gradually gave way to a discharge resembling the lochia, which now continued. A week ago he made a vaginal examination, which gave a negative result, leaving him uncertain whether pregnancy existed, or she had recently aborted. He felt he should not be surprised if she was suddenly attacked with severe hæmorrhage. At the next meeting of the Society, Dr. Minot referred to this case, and said that all doubt was solved, the patient having suddenly aborted on rising from the bed in the morning, an eight weeks' foetus and its appendages escaping. She has since done perfectly well.

Irritable Tumor of the Meatus Urinarius.—Dr. J. P. REYNOLDS said that he had lately had occasion to remove a red tender tumor from the lip of the meatus urinarius. He found it difficult to tell to which side it was attached, but removed it, and cauterized the base with the solid nitrate of silver. The symptoms were relieved for two weeks, when the tumor returned apparently upon the other side. He reported the case, to see what was thought the best mode of dilating the meatus, so as to excise freely and cauterize the base only. He had used an ear speculum. The sponge tent had been suggested to him.

Dr. BUCKINGHAM thought that the dressing forceps might have been employed, and that if more than the base had been cauterized, no harm would have ensued.

Ascarides.—Dr. BUCKINGHAM said that three fourths of all the cases of erotomania which had fallen under his care were owing to presence of ascarides in the rectum, and were cured by astringent injections. He also spoke of those forms of leucorrhœa, which are sometimes taken for gonorrhœa, and thought they often arose from ascarides crawling into the vagina. In little girls, in the habit of masturbating, he often had found ascarides in this locality. He also related the case of a little girl, three years old, whom he had treated for leucorrhœa for some time, unavailingly, until at last he discovered an ascaris moving just at the entrance of the vagina. The leucorrhœa ceased after one injection of sulphate of zinc.

Administration of Emetics and Anæsthetics in Convulsions.—Dr. WILLIAMS spoke of the mode of giving emetics, when resisted by the clenched teeth, &c., by pouring small quantities in solution into the mouth, through the nose. The child either swallows it or spits it out. If the latter, more can be given, till some is swallowed.

Dr. CLARKE, also, in such cases, made use of the syringe to inject the solution through the nostril, and thought that the act of swallowing the medicine was greatly aided by the injecting force.

Dr. H. R. STORER strongly recommended the use of anæsthetic agents in cases of infantile convulsions, where no actual organic disease of

the brain existed, and reported a case where a girl, 12 years old, who had never menstruated, was taken with convulsions. The first night of her illness she was relieved by the ordinary course of warm bath, emetics, &c. The convulsions returned on the second night, when having in vain employed the ordinary treatment, and the patient evidently failing, he administered chloroform. The single convulsions were at once stopped by a short inhalation, and finding its good effects thus manifested, he kept her well under its influence for half an hour, after which there was no further return of convulsions.

Dr. E. H. CLARKE also spoke in favor of such employment of the anæsthetics; not as an actual mode of curing the disease, but in making way for other treatment.

Dr. C. D. HOMANS thought that anæsthetics ought not to be given with an idea of curing the cases, but considered that after the exciting causes were removed, they were an excellent means of quieting both patient and surrounding friends. He had seen them employed in this way, in those convulsions which sometimes occur just before death. He thought them very likely to be of benefit in infantile convulsions, as almost always they are purely irritative, it being comparatively seldom that there is co-existent disease of the brain.

Dr. CABOT thought that where exciting causes exist, anæsthetics do no good, but that they may be of benefit in breaking up the habit, and in some cases they might be of value in aiding the administration of emetic doses.

Dr. H. R. STORER spoke of the form of convulsions occasionally seen and described under the name of "salaam convulsions," and related a case he had recently under treatment. The child came under his care with a simple diarrhœa. This was constant for ten days. Whether sitting up or lying down, the child had a regular rocking motion of the head and trunk forwards, amounting to a low bow. Death ensued upon the third day in an ordinary convulsion.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 26th.—*Etherization in Puerperal Convulsions.* In connection with the cases published in the last number of the Journal, Dr. CORNING reported the following, from notes taken at the time.

Mrs. ———, American, aged 25 years, in her first pregnancy, was seen by Dr. C. May 9th, 1854, about 7, P.M. Her labor had commenced rather unexpectedly some hours previously, and she had already had two severe convulsions. Pains were now frequent, and the labor advancing—the head presenting and the os not remarkably rigid, though somewhat so. After a few pains she was seized with a terrific convulsion. The whole body was violently agitated, and the spasmodic action of the limbs almost unmanageable. The face was frightfully distorted—the eyes uprolled, fixed, with pupils dilated. The tongue protruding, bloody, and covered with froth. Breathing loud, labored, and irregular. Pulse quick, and feeble. There was entire unconsciousness—and the whole aspect of the case was most deplorable.

These symptoms abating for a few moments, returned again with renewed violence. There was no time for delay; during the convulsion, therefore, an energetic effort having been made to dilate the os, with

success, the child was turned, and delivered at once. It was nearly asphyxiated, but was soon resuscitated, and though small, was apparently healthy. The placenta was taken away soon after. The hæmorrhage was not excessive. The mother remained perfectly unconscious.

About fifteen minutes after the birth of the child, another convulsion coming on, chloroform was administered, with marked relief. After this experiment, whenever, and as soon as the precursory symptoms showed themselves, immediate resort was had to the chloroform. It always seemed to control completely any further increase, and to allay the present symptoms. When about midnight its further use was opposed by a near relative, that moment arriving at the bedside, its omission was followed by a convulsion as severe as any before its employment. (In this instance the patient forced one of her feet through a thick new blanket.) All present begged a continuance of the remedy.

Towards morning, the frequency and severity of the attacks began to abate, and at last subsided, about fifteen hours after the first attack. The number of convulsions apparently prevented, averaged about one for every half hour. Unconsciousness continued.

On the subsequent day there was occasional retching and unconscious vomiting. Pulse 120. Castor oil was given, and effervescing draughts of soda with lemon juice.

Her recovery was very gradual, and not without occasional alarming symptoms. Consciousness was slowly regained; a period of ten days, including several before confinement, remaining a perfect blank to her. Milk was secreted sparingly on the fifth day—was never abundant, and after a short time gradually disappeared. The child was given to a wet nurse. Recovery was finally complete.

It will be noticed that in this case venesection, so generally advised, but of such doubtful utility, was not resorted to; that delivery was effected, by turning, as soon as practicable; and that chloroform was relied on with advantage—apparently holding the convulsions in complete control for a period of nearly or quite twelve hours, until they entirely subsided.

Up to the present, Jan. 26th, 1857, the mother and child have continued in perfect health.

FEB. 9th.—*Method of stopping Epistaxis.* Dr. COALE remarked that he was called, a few days since, to a patient, in the absence of his regular attendant, and found him bleeding freely at the nose. The patient stated that he had had a sponge put in a few days before, evidently by Belloc's sound, a proceeding of which he dreaded the repetition. Dr. C. had never used Belloc's instrument, but keeps at hand a contrivance of his own, which he claims to be much simpler, cheap, within the means of any one, to be introduced with facility by the physician and with ease to the patient, to be removed with greater facility, and most important of all, to be fully equal to all the demands of the case. It consists of a piece of pig's gut eight inches long, tied at one end, and then turned wrong side out, so that the knot may be inside, on a child's silver canula. By this canula it is introduced through the nose to the pharynx, and then blown up and tied an inch or so outside the nose. Dr. C. often introduces a spoonful of saturated solution of alum into it. It will be seen at once that

it plugs up both posterior and anterior nares thoroughly. To remove it, it must be pricked and then gently twisted as it is drawn out. Dr. C. always keeps a yard or two of gut on hand in a bottle of diluted alcohol, and he finds it saves a great deal of time and of getting up at night to look after patients taken with a sudden recurrence of the bleeding.

FEB. 9th.—*Erysipelatous Sore Throat.* Dr. COALE remarked that he had been attracted by an article in one of the late English periodicals, asking information as to the best means of combating erysipelatous sore-throat. The writer rehearsed the difficulties of the treatment thoroughly, and doubted the efficacy of many, and even the applicability of some. Believing that the quinine treatment has proved the most efficacious in treating external erysipelas, by analogy Dr. C. thought that it would be equally efficacious in the treatment of erysipelatous sore-throat. He has in consequence adopted this as his routine treatment, and with very marked success. The cases which he might adduce are now nearly twenty in number. It would be unnecessary to quote them in detail, but they exhibit cases of erysipelatous sore-throat cut short in from ten to five days, the avoidance of suppuration, and the prevention of many of the unpleasant sequelæ of the disease. He has never pushed the remedy beyond five doses, of ten grains each, a day.

After the erysipelas has disappeared, he has found it often beneficial to gargle the throat with a strong decoction of oak bark, or swab it with diluted aromatic sulphuric acid.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

L. PARKS, JR., M.D., SECRETARY.

Scarlatina.—In reply to Dr. CHANNING, who asked for observations of a certain class of cases, of scarlatina, Dr. C. D. HOMANS furnished the following report of cases in which the eruption was slight in proportion to the symptoms.

Frederic G., 3 years and 9 mos. old, at 8 o'clock, A. M., Sunday, Sept. 28th, had a chill, followed by headache, and at noon had a convulsion, after which he slept quietly for some hours. During the night of Sunday he was thirsty, and very restless. Monday morning he appeared better, asked for some food, which was given to him, but in very small quantity, and seemed amused with what was going on around him. Soon after this, however, he lost his consciousness without any convulsion. At 12 o'clock, there was great heat of the skin and a rapid pulse. The child answered no questions, and showed no recognition of the persons about the bed. There was a slight redness on the neck. Thirst very great.

Tuesday morning.—The night had been very restless; the eruption was extending downwards over the body, though not at all vivid; some swelling about the throat; respiration quite laborious, attended at times with moaning. No sign of consciousness.

Wednesday.—The night had been extremely disturbed, the child continually endeavoring to get upon his feet. Symptoms all aggravated; restlessness exceedingly great; extremities cold; eruption manifest, though not vivid. The little patient continued to toss himself about until within three hours of its death, which occurred Thursday, at 3 o'clock, A.M.

Amanda G., 22 months old, sister of the preceding patient, first appeared to sink Wednesday, Oct. 1st, at 10, P.M. Her skin was warm, thirst great, and there was some nausea. She was very restless all night, and at 8, A.M., Thursday, her pulse was very rapid, skin natural, thirst very great. At 10, A.M., vomiting commenced, and continued several hours, subsiding, however, towards night.

Friday.—The patient had passed a very uncomfortable night, tossing herself about continually. Skin quite hot, slightly red over neck and trunk; pulse not to be counted; no vomiting. Convulsions came on at 3, P.M., and continued, with slight intervals, until her death on Saturday, at 2½, P.M.

The house in which these two cases occurred contained five children, three in one family, two of whom died, as reported above. The other two children, belonging to the second family, had had a slight rash, but were not sick enough to need a physician. This occurred in one case fourteen days, in the other case 5 days, before Frederick G. was taken sick. As soon as the last named was attacked, belladonna was administered to the other two children, according to the plan recommended by Dr. Watson in his *Practice of Medicine*. One of them had the disease and died; the other still continues well.

Dr. BORLAND mentioned that Bouchut recommends small* doses of belladonna as a prophylactic in scarlatina.

[This was in connection with certain passing remarks, by the President, on the absurdity of propositions which had appeared in the daily papers, to employ imaginary doses of belladonna to arrest scarlet fever. An able editorial published in this Journal, some time since, renders unnecessary further comments upon the subject.—*Sec.*]

Amaurosis.—Dr. BOWDITCH spoke of a case at the Hospital. In addition to the affection of vision, the patient suffered greatly from pain at the vertex, and down the back. Various remedies having been tried without effect, mercury was resorted to. As soon as the gums were touched, the paroxysms ceased.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 19, 1857.

RHODE ISLAND REGISTRATION REPORT.

THE State of Rhode Island takes the lead in our country for the completeness and accuracy of its vital and mortuary statistics. This is owing in part to the limited extent of its territory, but we believe a large share of the credit must be accorded to the intelligence and industry of the officers entrusted with the care of collecting and arranging the statistics upon which the annual reports are based. During the past year the Committee of the Rhode Island Medical Society, Drs. Joseph Mauran, George L. Collins and Edwin M. Snow, to whom the compilation of the Report for 1855 was entrusted by law, have again been able to secure the services of Dr. Charles W. Parsons, whose qualifications and interest in the subject peculiarly fit him for the task

* Not infinitesimal, of course.

of preparing the abstract from the returns received. During the year 1855, returns, more or less perfect, have been received from every town in the State, and it appears that the town clerks have manifested a much greater interest in the subject than ever before. We extract from the Report a few facts, which may be of interest to our readers.

In respect to *births*, it is found that 105 males were born to 100 females; and it would appear that the excess of male children is greatest under circumstances most favorable to physical health and vigor, since it occurred in country towns and villages, rather than in large towns and cities. The greatest number of births occurred during the months of July, August and September, in an average of three years. During the first six months of 1855, there were 720 children born in the city of Providence, and 880 in the last six months; the difference being wholly in the births of children of foreign parentage. This difference is ascribed to the depressed condition of the public health during a large part of the year 1854, owing chiefly to the prevalence of cholera among the foreign population. The births of American parentage were one to 40.7 of the American-born inhabitants; those of foreign parentage were one in 21.2 of the foreign-born inhabitants, in the city of Providence. It appears, then, that in that city the imported population are very nearly twice as productive for their number as the native.

Although the whole number of *deaths* recorded during the year 1855 is 126 more than in the previous year, it is believed that the actual mortality was less than in 1854, when the cholera raised it above the average. The apparent increase is ascribed to the greater completeness of the returns. The apparent average duration of life has increased, being a little more than a year and a half greater than it was three years ago. "It appears that of all who die in this State, about a sixth die before they have completed the first year of life; more than a quarter die infants of less than two years old; and considerably more than a third die in early childhood, or under five years old. Only about half reach mature age. After the age of thirty years, the mortality in each ten years' period lessens—not so much by diminishing pressure of the causes of death, as by the lessened material for them to act upon."

The two leading *causes of death* are zymotic diseases and the diseases (zymotic not included) of the respiratory organs, the two causes having been almost precisely equal during 1855. Of the former, cholera infantum was the most fatal, ranking next to consumption in this respect. As might be supposed, the disease was most prevalent in the city of Providence. Scarletina was more fatal than in the previous year, but less so than in 1853. In the town of Bristol it caused almost a fifth of all the deaths. Dr. Parsons truly says, "the study of the prevalence of zymotic diseases in different places and seasons is particularly interesting, because they are believed to depend more than any other class on causes which admit of palliation or removal. In the course of years, a registration system will yield reliable practical information." One result has already been obtained—in Bristol, zymotic diseases are found to be the most fatal; while in Warren, consumption is the most fatal: hence the former town is a more desirable residence for persons predisposed to phthisis. Consumption was by far the most common of all the causes of death. During a series of three

years, it was most fatal during the months of March and August; and least so, during July, October and November. The greatest number of deaths occurred in persons between the ages of 20 and 30. Out of 345 deaths, during the year 1855, 132 were of males, and 213 of females.

The statistics illustrating the effect of *occupation* on the duration of life are unfortunately too limited to allow of any certain deductions. The Report, however, contains a table, showing what proportion of all deaths from assigned causes was ascribed to consumption, in each of a few selected occupations. From this it appears that the following professions are most liable to the disease in question, in the order in which they stand: jewellers, machinists, professional men, shoemakers, carpenters, laborers, agriculturists; the percentage of consumptive deaths being 71.4 for the first, and 16.7 for the last of these occupations.

We commend the Report to the attention of the profession and to all who are interested in the subject of vital and mortuary statistics, a subject of the utmost importance to the health and welfare of the community.

BOSTON CITY PHYSICIAN'S REPORT.

This short, but pithy, document conveys a large amount of interesting intelligence, and a still greater amount of wholesome advice, which, if it could be taken and followed, would save us from much sickness and suffering. There is nothing new in the advice: it is the same which the medical profession has been urging upon the public for years, and which the public receives so reluctantly, and adopts so slowly; expressed in the language of Franklin, it is, "an ounce of prevention is worth a pound of cure." Employ cleanliness, ventilation, temperance, and you will enjoy security against disease, and prolong life.

We learn from Dr. Clark's Report that during the last quarter there has not been a single death reported from smallpox, nor is it known that a single case of the disease existed since August last. This is the first time for several years that we have enjoyed a period of entire immunity from that malady. The reason is obvious; during the past year, as nearly as can be ascertained, upwards of *ten thousand* persons have been vaccinated, including 2,062 vaccinated at the office of the City Physician. This is more than double the increase of population by births.

The deaths from scarlatina during the present season, up to the first of January, were more than four hundred, and the epidemic is not yet concluded. Against this disease we have no adequate protection like that against smallpox, but facts show that in those districts which are "overcrowded, where the tenements are badly drained and ventilated, there the mortality is enormously disproportioned to the population, while the reverse is the case under the opposite circumstances." Thus, in Ward I., the number of deaths has been *sixty-eight*, while in Ward IV. there have been but *nine*.

We are glad to see that Dr. Clark has called attention to the subject of the ventilation of our school-houses. This is a most important subject, and we trust the City Council will follow the suggestions of the City Physician.

Medical Relief Society.—We are requested to state that, previous to the motion for a committee of the Councillors on "the Medical Relief Society," inquiry was made of two gentlemen interested in the previous movement, whether it would be regarded as an interference with them. They thought it would not. The purpose of the commission was not in any degree to anticipate their efforts, but on the contrary to co-operate with them by bringing to their aid the whole influence of the Mass. Med. Society. When it is considered that a subject of this kind must be matured by the Councillors before it can be presented to the Society, and that they have no other meeting before the annual one, their action in this case does not seem to be premature. At any rate, we are informed that not the least idea was entertained, by any one concerned, of interfering with or embarrassing in any way the efforts of those already engaged in this noble project.

Transactions of the American Medical Association.—We take pleasure in stating that Dr. Borland, 16 Winter street, has consented to act as agent for the distribution of the last volume of this valuable series. Copies of the work may be obtained of him at the rate of three dollars each. We trust that this announcement will be followed by a large number of applications for the work. To the disgrace of Massachusetts, we are informed that but twelve copies have been taken in this State, of which five were ordered for Boston, while in the State of Connecticut alone eighty copies have been sold! We have already called attention to this valuable work, in a critical notice. It is the cheapest medical book with which we are acquainted; 907 beautifully-printed pages, besides lithographic drawings, for three dollars! Of course, the Association can make nothing by the work; let the profession save it from loss, and secure for themselves a book replete with interest and scientific lore.

Mass. Gen. Hospital.—Dr. Winslow Lewis has been elected Consulting Surgeon of the Massachusetts General Hospital, in place of the late distinguished John C. Warren.

Health of the City.—We are glad to announce a decided diminution in the number of deaths from scarlatina, the number reported for the past week being 19 in place of 30 for the previous one. We observe there were 8 fatal cases of pneumonia. The number of deaths for the corresponding week of last year was 68, of which 15 were from consumption, 1 from scarlatina, and 6 from pneumonia.

ERRATUM.—In the last number, page 43, line 19, for "Neill" read Mill.

Communications Received.—Cooked or Raw Meat.—Treatment of Club Feet.

DIED.—At Madison, N. J., Dr. George Cole, formerly of New York, 53.—In London (Eng.), Jan. 24, Dr. Andrew Ure, of Glasgow, Scotland, 80. Dr. Ure was well known by his works on Chemistry.—At Falmouth, Me., Feb. 5th, Dr. Josiah Bachelder, formerly of Beverly, 82.—At Havana, 13th inst., Dr. E. K. Kane, the celebrated Arctic Explorer, 36.

Deaths in Boston for the week ending Saturday noon, February 14th, 80. Males, 39—Females, 41. Accident, 1—inflammation of the bowels, 1—burns, 2—disease of the brain, 1—consumption, 15—convulsions, 1—croup, 2—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 2—typhoid fever, 2—scarlet fever, 19—disease of the heart, 3—disease of the kidneys, 1—inflammation of the lungs, 5—old age, 4—suffocation, 1—teething, 2—unknown, 4—worms, 1.

Under 5 years, 41—between 5 and 20 years, 9—between 20 and 40 years, 13—between 40 and 60 years, 16—above 60 years, 7. Born in the United States, 60—Ireland, 15—other places, 4.

The American Medical Association.—At the ninth meeting, held at Detroit, 1856, it was

"Resolved, That hereafter an annual prize of — dollars be awarded for the best memoir or essay founded on original investigation of the author, and, in case of no memoir or essay being presented worthy of such award, the prize money to be appropriated towards the expenses of publishing and illustrating such memoirs or essays as may be subsequently deemed worthy of an award."

W. K. BOWLING, M.D., Nashville, Tenn.,
Chairman of Committee upon Prize Essays.

Competitors for the prize will forward their papers, without the name of the author, to the Chairman of the Committee, accompanied by the name in a separate envelope, the latter only to be opened in presence of the Association.

The tenth annual meeting of the Association will be held at Nashville, Tenn., on Tuesday, May 5th, 1857.

The secretaries of bodies entitled to representation in the Association, are requested to forward to R. C. Foster, M.D., of Nashville, Tenn., one of the secretaries, a list of their delegates, immediately after their appointment.

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently-organized medical institution, of good standing, shall have the privilege of sending one delegate.

"Delegates representing the medical staffs of the United States Army and Navy, shall be appointed by the chiefs of the Army and Navy Medical Bureaux. The number of delegates so appointed, shall be four from the Army medical officers, and an equal number from the Navy medical officers."

Editors of medical journals will confer a favor upon the members of the Association by copying the above.

Syringes.—Dr. Reese, editor of the *American Medical Gazette*, published in New York, says—

"Dr. Mattson's Family Syringes have become an institution among us, and though so recently introduced, have already obtained the preference over any and every other form of this useful instrument, all over the country. No physician will do without them, after having proved their simplicity, convenience and utility, and every family will find it handy to keep one in the house. They are little liable to be out of order with ordinary care; and will last a long while by replacing the valves, which accompany each instrument, and ample directions are enclosed for their use and repair."

Transactions of the American Medical Association.—The last volume of these Transactions is thus enthusiastically alluded to in the February number of the *Nashville Journal of Medicine and Surgery*.

"The contemplation of this magnificent collection of reports makes the heart glad. They are the result of voluntary association and voluntary contribution of a class for the benefit of mankind, and the world's records may be challenged to exhibit a parallel charity. It is not, as in seeming parallels, drawn from theological records, the sacrifice of a sect with an eye to partizan advancement, but the offering of an entire class upon the altar of mankind, and for the healing of the nations."